

Paul A. Worsowicz (Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s	Paul A. Worsowicz; Ari B. Po	ollack; Heidi L. Kroll; Robert J. Dietel	TRIMENT OF
II. Name of Lobbyist's	partnership, firm or corporation, if any	у:	
	GALLAGHER, CALLAHA 214 North Main Street,		
603-228-1	181 603-226-3	334 worsowicz@gcglaw.	.com_
(Telepho	ne) (Fax)	(Email)	
	ers: (Choose one – file separate reports is actions which are not attributable to a	for each client, OR you may file a separa my one client.)	te report for
X All reportable tra	insactions occurring in the month prior to	the reporting date relative to the following cl	lient.
	HOME BUILDERS & REMODE	LERS ASSOCIATION OF NH	
	(Full Name of Client as it appears on the		
All reportable tra		bbyist's family), or the lobbying firm listed	below which are
IV. Date of Report:	April 25, 2018 🔲	July 25, 2018 □	
Reports cover: acti	vity from date of registration to 3/31/18	activity from 4/1/18 to 6/30/18	
	October 31, 2018 🗵	January 30, 2019 🛘	
а	ctivity from 7/1/18 to 9/30/18	activity from 10/1/18 to 12/31/18	
	fees received and no reportable transac mplete just this form and submit it to the S	tions made since the last report. Secretary of State's Office, State House, Room] m 204,
VI. Check if additiona If you have recei	I reports are attached: ved fees or made expenditures, you must f	ile Addendum A – Fees and Expenses	
Expense Reimbu	rsement	ou must file Addendum B - Report of Hono utions, you must file Addendum C - Politic	
Sworn Statement/Affirm I have read RSA 15, RSA to the best of my knowle	A 15-B and RSA 664 and hereby swear or	affirm that the foregoing information is true	and complete
Signature of Lobbyist	orsowy	/ <i>0</i> -/8-/ <i>P</i> (Date)	_



STATE OF NEW HAMPSHIRE **Lobbyists Fees and Expenses** Addendum A

One	(RSA Chapter	15:0)		
I. Name of Lobbyist(s	Paul A. Worsowicz; Ari B. Pollack; Heidi L. I	Kroll; Rot	ert J. Diete	<u> </u>
II. Name of lobbyist's	partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRI	ELL, P.C.		
	(Name of partnership, firm or corporat	ion)		
III. Name of Client	HOME BUILDERS & REMODELERS ASSOCIATION OF NH	Date	October 3	1, 2018
lobbying, including fee:	ant of all fees received from the client identified above is for services such as public advocacy, government relationing legislation, and related legal work. The gross	ations, or	public relation	ons services,
a) Total of all fees rece	ived in this reporting period		a) \$	13,356.00
-	eived this calendar year, prior to this reporting period. he total prior monthly reports for this calendar year.)		b) \$ 	25,202.00
c) Total of all fees rece (Add lines a and b)	ived to date.		c) \$	38,558.00
d) Indicate the amount yet been paid.	of any such fees that are due, but have not		d) \$	5,000.00
fees. Separate reports a lobbyist(s)/firm that are are to be reported in o reporting period for sa expenses where the expenses where the expenses of a ceremoni statement of each indivicovered by (a) (for exangiven to the subject of legislative reception).	partnerships, firms, or corporations are required to reare to be filed for expenditures made relative to each of unrelated to any one client a separate report may be ne of three categories of expenses: (a) the aggregalaries, benefits, support staff, and office expenses; when the definition of \$25.00 or less (for example: meals pless, purchase of a pen with a value of less than \$10 to all object given to a person being lobbied with a value idual expenditure made during this reporting period of a meal with value of greater than \$25 lobbying with a value greater than \$25, but not green expenses for honorariums, expense reimbursement, of and should not be reported on Addendum A.	lient and if filed for the following for the agourchased that is given of \$25.00 f greater than the file of \$25.00 f greater than \$25.00 f greater	f expenditure the lobbyist() f all expense gregate total during a bus en to the pers 0 or less); a nan \$25.00 fo se of a ceren \$50, restaura	es are made by the sylfirm. Expenses es paid during the lof all individual iness lunch where son being lobbied and (c) an itemized or any purpose not nonial object to be ant expenses for a
support staff, and office	enses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) \$ b) \$		15,000.00
in a), of \$25 or less.	spenditures during this reporting period, not reported	5) 6	,	22.00
c) Total of all itemized	expenditures reported in detail in section VI.	c) \$	·	.00_

Client: HOME BUILDERS & REMODELERS ASSOCIATION OF NH d) Total expenses for this reporting period. (Add lines a, b and c.) d) \$ 15,022.00 e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.) 25,202.00 e) \$ f) Total of all expenses year to date. VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged. Paid to: Amount Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Lobbyist Fees & Expenses, Addendum A - Page 2

Paul A. Worsowicz (Print Name of Lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:				
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.				
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Home Builders & Remodelers Association of NH				
Date of Report (check one):				
April 25, 2018 ☐ July 25, 2018 ☐ October 31, 2018 ☒ January 30, 2019 ☐				
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
1 Addendum A(s).				
0 Addendum B(s).				
0 Addendum C(s).				
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
(Signature of Lobbyist) (Date)				
Ari B. Pollack (Print Name of lobbyist)				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

	Amrmation by Lobbyist me and Expenses for:		
Name of Lobbying	partnership, firm or corpo	ration: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.
Name of Client (lea particular client):		or the partnership, firm, or controllers Association of NH	rporation and not related to any
Date of Report (ch	eck one):		
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018	January 30, 2019 □
	•	e Statement of Income and Enterent (insert the number of	xpenses described above, and the Addendum forms being
1 Addendum A	(s).		
0 Addendum B	(s).		
0 Addendum C((s).		
	ffirm that the foregoing int t of my knowledge and be		nd each Addendum is true and
Hil 2 (Signature of Lobb	. Krall		10.94.18
(Signature of Lobb	yıst)		(Date)
Heidi L. Kroll			
(Print Name of lob	obyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

	me and Expenses for:		
Name of Lobbying	partnership, firm or corpo	ration: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.
Name of Client (leaparticular client):		or the partnership, firm, or conodelers Association of NH	rporation and not related to any
Date of Report (ch	eck one):		
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018	January 30, 2019 □
	•	e Statement of Income and Exatement (insert the number of	spenses described above, and the Addendum forms being
1 Addendum A	(s).		
0 Addendum B	(s).		
0 Addendum C	(s).		
•	it of my knowledge and be		lo/19/17 (Date)
Robert J. Dietel	Lh. dat		
(Print Name of lo	ooyisi <i>)</i>		